

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 100987
Permit No. _____
Basin 21a

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 30425

1. OWNER Perini Const. ADDRESS AT WELL LOCATION 3600 S. Las Vegas Blvd.
MAILING ADDRESS 6370 S. Polaris Las Vegas, NV 89119
Las Vegas, NV 89113
Subdivision Name: City Center County: Clark

2. LOCATION SW ¼ NE ¼ Sec 20 T 21S N/S R 61 E Latitude E 552.52800 UTM E NAD 27
PERMIT/WAIVER No. DW-1226 | 162-20-701-021 Longitude N -217.93000 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. Domestic
 Domestic Municipal/Industrial
 Irrigation Monitor
 Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
See Attached for Well #11				
5 wells for this Parcel #				
<i>Individual Well logs submitted by driller for each well on the parcel</i>				
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LAS VEGAS OFFICE				

9. WELL CONSTRUCTION

Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>40</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>	<u>12.5</u>	<u>.5</u>	<u>0</u>	<u>40</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:

Type of perforation machine

Size of perforation 0.032

From 0 feet to 40 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 0 to 40 Pumped Poured
Type: _____ 3/8's

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level

Static water level: 24 feet below land surface
Artesian Flow: na G.P.M. na P.S.I.
Water Temperature: na °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>na</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Viking Drillers, Inc. Contractor
Address 801 Northport Dr. Contractor
West Sacramento, CA 95624

Nevada contractor's license number issued by the State Contractor's Board 0034680
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2091

Signed _____
By driller performing actual drilling on site or contractor
Date 9/25/2006

LOG FOR BORING NO. //		JOB NAME: <i>Catrac</i>			
DATE STARTED <i>8/14/06</i>	DATE COMPLETED <i>8/14/06</i>	LOGGED BY <i>EB</i>	DRILLED BY <i>EB</i>	TYPE OF DRILL RIG <i>#36</i>	JOB NO. <i>1039</i>
DEPTH OF HOLE <i>40'</i>	DIAMETER OF HOLE <i>24"</i>	CASING <i>12"</i>	PERFORATIONS <i>40'</i>	SAMPLING METHOD	ELEVATION <i>2120⁰⁰</i>
LOCATION <i>162-20-701-021</i>				DRILLERS NOTES:	
				<i>Drill card # 30425</i>	
DEPTH	SAMPLES	GRAPHIC	DESCRIPTION		
10'			<i>clay</i>		
20'			<i>Rock</i>		
25'			<i>clay</i>		
30'			<i>Rock</i>		
35'			<i>clay</i>		
38'			<i>clay</i>		
40'			<i>clay</i>		
50'					
60'					
70'					
80'					
90'					
100'					

5min

35min

no time

1 hour 5min

5min

1 hour 55min

10 min

**DCNR/DWR
RECEIVED**

OCT 06 2006

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